

County: Green Lake  
 MARKESAN RESIDENT HOME  
 1130 NORTH MARGARET, BOX 130

Facility ID: 7650

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MARKESAN 53946 Phone: (920) 398-2751  
 Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? No  
 Number of Beds Set Up and Staffed (12/31/01): 72  
 Total Licensed Bed Capacity (12/31/01): 72  
 Number of Residents on 12/31/01: 71

Ownership:  
 Highest Level License: Non-Profit Corporation  
 Operate in Conjunction with CBRF? Skilled  
 Title 18 (Medicare) Certified? No  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 70

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Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		36.6
Supp. Home Care-Personal Care	No					1 - 4 Years		49.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years		14.1
Day Services	No	Mental Illness (Org./Psy)	22.5	65 - 74	2.8			-----
Respite Care	Yes	Mental Illness (Other)	7.0	75 - 84	31.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	53.5	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.7	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	7.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	14.1	65 & Over	100.0	-----		
Transportation	No	Cerebrovascular	18.3		-----	RNs		9.8
Referral Service	Yes	Diabetes	5.6	Sex	%	LPNs		7.5
Other Services	Yes	Respiratory	0.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	25.4	Male	26.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	73.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

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#### Method of Reimbursement

	Medi care (Title 18)			Medi cald (Title 19)			Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi- dents	% Of All
Int. Skilled Care	7	100.0	331	1	2.6	128	0	0.0	0	2	7.7	154	0	0.0	0	0	0.0	0	10	14.1
Skilled Care	0	0.0	0	35	92.1	110	0	0.0	0	7	26.9	144	0	0.0	0	0	0.0	0	42	59.2
Intermediate	---	---	---	2	5.3	92	0	0.0	0	17	65.4	144	0	0.0	0	0	0.0	0	19	26.8
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		38	100.0		0	0.0		26	100.0		0	0.0		0	0.0		71	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	7.4	Daily Living (ADL)	Independent			
Private Home/With Home Health	2.9	Bathing	0.0	80.3	19.7	71
Other Nursing Homes	5.9	Dressing	4.2	84.5	11.3	71
Acute Care Hospitals	70.6	Transferring	11.3	74.6	14.1	71
Psych. Hosp. -MR/DD Facilities	0.0	Toilet Use	7.0	80.3	12.7	71
Rehabilitation Hospitals	0.0	Eating	57.7	32.4	9.9	71
Other Locations	13.2	*****				
Total Number of Admissions	68	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	12.7	Receiving Respiratory Care		19.7
Private Home/No Home Health	14.7	Occ/Freq. Incontinent of Bladder	63.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	14.7	Occ/Freq. Incontinent of Bowel	38.0	Receiving Suctioning		1.4
Other Nursing Homes	4.4			Receiving Ostomy Care		0.0
Acute Care Hospitals	8.8	Mobility		Receiving Tube Feeding		4.2
Psych. Hosp. -MR/DD Facilities	0.0	Physically Restrained	7.0	Receiving Mechanically Altered Diets		49.3
Rehabilitation Hospitals	0.0					
Other Locations	8.8	Skin Care		Other Resident Characteristics		
Deaths	48.5	With Pressure Sores	15.5	Have Advance Directives		84.5
Total Number of Discharges		With Rashes	9.9	Medications		
(Including Deaths)	68			Receiving Psychoactive Drugs		63.4

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Nonprofit Peer Group Ratio	Bed Size: 50-99 Peer Group Ratio	Licensure: Skilled Peer Group Ratio	All Facilities % Ratio				
Occupancy Rate: Average Daily Census/Licensed Beds	97.2	88.9	1.09	85.1	1.14	84.4	1.15	84.6	1.15
Current Residents from In-County	47.9	78.4	0.61	72.2	0.66	75.4	0.63	77.0	0.62
Admissions from In-County, Still Residing	19.1	25.3	0.75	20.8	0.92	22.1	0.86	20.8	0.92
Admissions/Average Daily Census	97.1	108.1	0.90	111.7	0.87	118.1	0.82	128.9	0.75
Discharges/Average Daily Census	97.1	107.3	0.91	112.2	0.87	118.3	0.82	130.0	0.75
Discharges To Private Residence/Average Daily Census	28.6	37.6	0.76	42.8	0.67	46.1	0.62	52.8	0.54
Residents Receiving Skilled Care	73.2	90.9	0.81	91.3	0.80	91.6	0.80	85.3	0.86
Residents Aged 65 and Older	100	96.2	1.04	93.6	1.07	94.2	1.06	87.5	1.14
Title 19 (Medicaid) Funded Residents	53.5	67.9	0.79	67.0	0.80	69.7	0.77	68.7	0.78
Private Pay Funded Residents	36.6	26.2	1.40	23.5	1.56	21.2	1.73	22.0	1.66
Developmentally Disabled Residents	0.0	0.5	0.00	0.9	0.00	0.8	0.00	7.6	0.00
Mentally Ill Residents	29.6	39.0	0.76	41.0	0.72	39.5	0.75	33.8	0.88
General Medical Service Residents	25.4	16.5	1.53	16.1	1.58	16.2	1.56	19.4	1.31
Impaired ADL (Mean)	49.3	49.9	0.99	48.7	1.01	48.5	1.02	49.3	1.00
Psychological Problems	63.4	48.3	1.31	50.2	1.26	50.0	1.27	51.9	1.22
Nursing Care Required (Mean)	12.5	7.0	1.78	7.3	1.72	7.0	1.78	7.3	1.70